

<b>Staff:</b>											
<b>Reviewer:</b> 1. 2. 3.						<b>Date:</b> 1. 2. 3.					
<b>Client Category:</b>											
<b>Family Number:</b>											
<b>NUTRITION ASSESSMENT: #Review if C-Eval observed</b>											
#Is the growth chart/prenatal grid reviewed (gest. age verified)?	+	-	NA		+	-	NA		+	-	NA
#Are laboratory tests & immun. status reviewed?	+	-	NA		+	-	NA		+	-	NA
Are all health and diet questions asked?	+	-	NA		+	-	NA		+	-	NA
Is the Client Assessment Reference Tool reviewed with the client?	+	-	NA		+	-	NA		+	-	NA
#Client assessed using Midcert eval screen?											
#Are all applicable risk criteria assigned?	+	-	NA		+	-	NA		+	-	NA
Is the Eligibility Explanation provided?	+	-	NA		+	-	NA		+	-	NA
<b>Client Centered Services:</b>											
#Is rapport established (introduction, brief summary of services at cert/eval)?	+	-	NA		+	-	NA		+	-	NA
#Does staff review health and nutrition (mid-evaluation) screens with clients in caring manner?	+	-	NA		+	-	NA		+	-	NA
#Are client concerns identified and explored?	+	-	NA		+	-	NA		+	-	NA
#Are nutrition education topics discussed based on client concerns? Is previous topic reviewed?	+	-	NA		+	-	NA		+	-	NA
#Does the client assist in development of the NE Plan with options available?	+	-	NA		+	-	NA		+	-	NA
#Is the encounter closed on a positive note?	+	-	NA		+	-	NA		+	-	NA
<b>USDA REQUIRED:</b>											
Is breastfeeding discussed and encouraged with all pregnant clients? (PG)	+	-	NA		+	-	NA		+	-	NA
Are all breastfeeding women encouraged to continue to breastfeed? (BP or BE)	+	-	NA		+	-	NA		+	-	NA
Is the importance of regular health care and keeping referral appointments discussed? (ALL)	+	-	NA		+	-	NA		+	-	NA
Substance Abuse information and referrals offered at initial certification? (ALL)	+	-	NA		+	-	NA		+	-	NA
Importance and benefits of Nutrition Education stressed and participation encouraged?	+	-	NA		+	-	NA		+	-	NA
<b>BREASTFEEDING (PG, BE/IBE, BP/IBP, children if breastfeeding):</b>											
Is breastfeeding knowledge/progress assessed and support provided? (PG, BE/IBE and BP/IBP)	+	-	NA		+	-	NA		+	-	NA
Are the appropriate breastfeeding assessments 1 & 2 completed? (PG and BE/IBE and BP/IBP)	+	-	NA		+	-	NA		+	-	NA
Are BP mothers asked how much formula they are currently using and prescribed no more than that?	+	-	NA		+	-	NA		+	-	NA
#Are the breastfeeding statistics updated?	+	-	NA		+	-	NA		+	-	NA

<b>REFERRALS:</b>											
#Is immunization status reviewed and referrals made?	+	-	NA		+	-	NA		+	-	NA
#Are high risk clients referred to the RD?	+	-	NA		+	-	NA		+	-	NA
#Are referrals to community resources made and documented?	+	-	NA		+	-	NA		+	-	NA
#Are clients with no health insurance referred to Medicaid?	+	-	NA		+	-	NA		+	-	NA
Are clients referred to the Mother-to-Mother program, Peer Counselor and other breastfeeding support? (PG, BE, BP, child-if BF)	+	-	NA		+	-	NA		+	-	NA
Are clients referred to MIHP, if available (Maternal or Infant Support)?	+	-	NA		+	-	NA		+	-	NA
<b>FOOD PACKAGES:</b>											
#Are food package assigned based on clients needs and preferences?	+	-	NA		+	-	NA		+	-	NA
Is the "no food benefits" package assigned to IBE clients or BP clients receiving max formula?	+	-	NA		+	-	NA		+	-	NA
#Are food packages or changes explained to the client (i.e., C1 w. milk -C2 lowfat milk)?	+	-	NA		+	-	NA		+	-	NA
#Is the next appointment discussed?	+	-	NA		+	-	NA		+	-	NA
<b>PRINTING/Notification:</b>											
VOC is provided (required, signed)	+	-	NA		+	-	NA		+	-	NA
#Shopping list is provided, vendor list if new	+	-	NA		+	-	NA		+	-	NA
#NE Plan is provided (required)	+	-	NA		+	-	NA		+	-	NA
• Verbal notice of cert period ending given with NE plan?	+	-	NA		+	-	NA		+	-	NA
#Referral letter provided if referrals made (required)	+	-	NA		+	-	NA		+	-	NA
<b>2 things I learned from this observation:</b>	1.					2.					
	1.					2.					
	1.					2.					
<b>2 suggestions for improvement:</b>	1.					2.					
	1.					2.					
	1.					2.					

Thanks to Monroe County WIC